Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in		CITY CLERK 3 JUL 31 AMII:	1 1 17 1
SEE INSTRUCTIONS ON REVERSE	Statement covers period 1/01/2013 through 6/30/2013	Date of election if applicable: (Month, Day, Year)		For Official Use Only
1. Type of Recipient Committee: All Committees – Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee	Complete Parts 1, 2, 3, and 4. Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te	No.	Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495
3. Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE David G. Weaver	1.D. NUMBER 930080 (E)	Treasurer(s) NAME OF TREASURER David B. Small MAILING ADDRESS 3529 Ocean View Blvd.		
Glendale CA 912	CODE AREA CODE/PHONE 208 818-249-9896	CITY Glendale NAME OF ASSISTANT TREASUR	CA S	ZIP CODE AREA CODE/PHONE 91208 818-249-9896
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.C. CITY STATE ZIP OPTIONAL: FAX / E-MAIL ADDRESS	CODE AREA CODE/PHONE	MAILING ADDRESS CITY OPTIONAL: FAX / E-MAIL ADDR		ZIP CODE AREA CODE/PHONE
4. Verification I have used all reasonable diligence in preparing and review under penalty of perjury under the laws of the State of Caliform T/26/2013 Executed on T/26/2013 Executed on T/26/2013 Executed on Date 7/26/2013 Executed on Date	rnia that the foregoing is true and correct. By	owledge the information contained her Signature of Treasurer or Assistant I ontrolling Officeholder, Candridate, State Measure Propositional Controlling Officeholder, Candridate, State Measure of Controlling Officeholder, Candridate, State Measure of Controlling Officeholder, Candridate, State Measure of Controlling Officeholder, Candridate, State	reasurer construct Responsible Officer of Sp	
Executed on	Ву	Signature of Controlling Officeholder, Candidate, St.	ate Measure Proponent	

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COVER PAGE

	COVE	RPAG	E-PART
CALIF	ORN ORM	IA Z	160
Page _	2	_ of _	17

Officeholder or Candidate Controlled Committee			narily Formed Bal	iot weasure	Committee	3	
NAME OF OFFICEHOLDER OR CANDIDATE		NAME	OF BALLOT MEASURE				
David G. Weaver							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION		BALL	OT NO. OR LETTER	JURISDICT	ON	F	SUPPORT
City Council Member, City of Glenda		-					
RESIDENTIAL/BUSINESS ADDRESS (NO. AND S 3529 Ocean View Blvd.	STREET) CITY STATE ZIP Glendale CA 91208	lden	tify the controlling o	fficeholder, ca	indidate, or s	tate measure	proponent, if ar
5525 Cocaii view biva.	Cicidate On 31200	NAMI	E OF OFFICEHOLDER, CA	ANDIDATE, OR P	ROPONENT		
_ , , , , , , , , , , , , , , , , ,							
	in this Statement: List any committees colled by you or are primarily formed to receive alf of your candidacy.	OFFI	CE SOUGHT OR HELD			DISTRICT NO.	IF ANY
COMMITTEE NAME	I.D. NUMBER	7 Deir	marily Formed Car	ndidate/Offi	caholdar C	ommittee (ict names of
NAME OF TREASURER	CONTROLLED COMMITTEE?	offic	marily Formed Car eholder(s) or candidate	(s) for which th	is committee i	s primarily forn	
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRE	CONTROLLED COMMITTEE?	offic		(s) for which th	is committee i		
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRE	CONTROLLED COMMITTEE? YES NO SS (NO P.O. BOX)	NAME	eholder(s) or candidate	(s) for which the	OFFICE SOU	s primarily forn	SUPPORT OPPOSE
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRE CITY STA	CONTROLLED COMMITTEE? YES NO SS (NO P.O. BOX)	NAM!	eholder(s) or candidate	(s) for which the CANDIDATE	OFFICE SOL	s primarily form	SUPPORT OPPOSE SUPPORT OPPOSE
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRE CITY STA	CONTROLLED COMMITTEE? YES NO SS (NO P.O. BOX) TE ZIP CODE AREA CODE/PHONE	NAMI NAMI	eholder(s) or candidate E OF OFFICEHOLDER OR E OF OFFICEHOLDER OR	(s) for which the CANDIDATE CANDIDATE CANDIDATE	OFFICE SOL	IS primarily form	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRE	CONTROLLED COMMITTEE? YES NO SSS (NO P.O. BOX) TE ZIP CODE AREA CODE/PHONE I.D. NUMBER	NAMI NAMI	eholder(s) or candidate E OF OFFICEHOLDER OR E OF OFFICEHOLDER OR	(s) for which the CANDIDATE CANDIDATE CANDIDATE	OFFICE SOL	IS primarily form JIGHT OR HELD JIGHT OR HELD JIGHT OR HELD	SUPPORT OPPOSE SUPPORT SUPPORT SUPPORT

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

Amounts may be rounded to whole dollars.

David G. Weaver			I.D. NUMBER 930080
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTALTODATE	Calendar Year Summary for Candidates Running in Both the State Primary and
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	s0 0	0	General Elections 1/1 through 6/30 7/1 to Date 20. Contributions Received \$ 21. Expenditures Made \$
Expenditures Made 6. Payments Made Schedule E, Line 4 7. Loans Made Schedule H, Line 3 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 10. Nonmonetary Adjustment Schedule C, Line 3 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	s 0 0 0 0	s0 s0 c0 s0	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy)
Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 13. Cash Receipts Column A, Line 3 above 14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments Column A, Line 8 above 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero. 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse	s 0 s 0 558.46	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	*Amounts in this section may be different from amounts reported in Column B.
19. Outstanding Debts	s0		FPPC Form 460 (January/05 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772

Schedule A Monetary Contributions Received

Type or print in ink. Amounts may be rounded

SCHEDULE A Statement covers period CALIFORNIA 1/01/2013 **FORM** from 6/30/2013 17 through I.D. NUMBER

to whole dollars. SEE INSTRUCTIONS ON REVERSE NAME OF FILER David G. Weaver 930080 AMOUNT PER ELECTION CUMULATIVE TO DATE IF AN INDIVIDUAL, ENTER FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR DATE RECEIVED THIS TO DATE OCCUPATION AND EMPLOYER CALENDAR YEAR (IF COMMITTEE, ALSO ENTER LD. NUMBER) RECEIVED CODE * (IF SELF-EMPLOYED, ENTER NAME PERIOD (JAN, 1 - DEC, 31) (IF REQUIRED) OF BUSINESS) IND ПСОМ □ OTH PTY SCC TIND COM **□OTH PTY** SCC IND COM ПОТН PTY SCC IND COM ПОТН □ PTY SCC □ IND COM OTH PTY SCC SUBTOTAL\$ Schedule A Summary *Contributor Codes IND - Individual 1. Amount received this period – itemized monetary contributions. COM - Recipient Committee (Include all Schedule A subtotals.) \$ (other than PTY or SCC) OTH - Other (e.g., business entity) 2. Amount received this period – unitemized monetary contributions of less than \$100\$ PTY - Political Party SCC - Small Contributor Committee 3. Total monetary contributions received this period.

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink. Amounts may be rounded

SCH	FDUL	FA (CONT.)

Monetary Contributions Received		Amounts may l to whole d		from	/2013	FORM 460		
				through6/3	0/2013	Page_	5 of 17	
NAME OF FILER						I.D. NU	MBER	
David G. V	Veaver				45	9300	80	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE CALENDAR (JAN: 1 - DI	YEAR	PER ELECTION TO DATE (IF REQUIRED)	
		OTH SCC						
		DIND COM OTH PTY SCC						
		□IND □COM □OTH □PTY □SCC					1	
*		□IND □COM □OTH □PTY □SCC						
		IND COM OTH PTY SCC						
			SUBTOTAL	\$ 0				

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Schedule B – Part 1 Loans Received	Type or print in ink. Amounts may be rounded to whole dollars.			e B - Part 1 Amounts may be rounded Statement covers period				energy of the second	california 460		
SEE INSTRUCTIONS ON REVERSE					through6/3	30/2013	Page 6	of			
NAME OF FILER							I.D. NUMBER				
David G. Weaver							930080				
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAIL OR FORGIVE THIS PERIOD	N CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTION TO DATE			
		, E.MOO		☐ PAID	1 2 1100			CALENDAR YEAR			
				\$FORGIVEN	5	RATE %	\$	SPER ELECTION			
† IND COM OTH PTY SCC		s	\$	s	DATE DUE	s	DATE INCURRED	S			
				PAID				CALENDAR YEAR			
				\$ FORGIVEN	_ S	RATE	s	PER ELECTION			
†□ IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	s	DATE INCURRED	s			
				PAID				CALENDAR YEAR			
				SFORGIVEN	_ \$	RATE %	S	PER ELECTION			
† IND COM OTH PTY SCC		\$	s	s	DATE DUE	s	DATE INCURRED	\$			
		SUBTOTALS \$	0 9	\$ (0 \$ 0	\$ 0					
Schedule B Summary						(Enter (e) on Schedule E, Line 3)	1				
Loans received this period				\$	0	2					
(Total Column (b) plus unitemized loans				W		(to	ontributor Codes				
Loans paid or forgiven this period (Total Column (c) plus loans under \$100)				\$	0	100000	D – Individual DM – Recipient Co (other than I	mmittee PTY or SCC)			

*Amounts forgiven or paid by another party also must be reported on Schedule A. ** If required.

Enter the net here and on the Summary Page, Column A, Line 2.

(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) NET \$ _

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

PTY - Political Party

(other than PTY or SCC) OTH - Other (e.g., business entity)

SCC - Small Contributor Committee

Schedule B – Part 2 Loan Guarantors

Type or print in ink.

Amounts may be rounded to whole dollars.

		SCHEDULE B-PART
Statement covers period		CALIFORNIA ACO
from	1/01/2013	FORM 400
through	6/30/2013	Page7 of17
		I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE			tii o		raye	_ 01
NAME OF FILER			I.D. NUMBER			
David G. Weaver					930080	
FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	□IND		LENDER		CALENDAR YEAR	
	□ОТН □РТУ		DATE		PER ELECTION (IF REQUIRED)	
	□scc				s	
	□IND □COM		LENDER		CALENDAR YEAR	
	□ОТН □РТУ		DATE		PER ELECTION (IF REQUIRED)	
	□scc				s	
	□IND □COM		LENDER		\$ PER ELECTION	
	□OTH □PTY □SCC		DATE		(IF REQUIRED)	
	□IND □IOM		LENDER		CALENDAR YEAR	
	□COM □OTH □PTY	-	DATE	_	PER ELECTION (IF REQUIRED)	
	□scc	_			\$	
	*	-	SUBTOTA	AL\$ 0	Enter on Summary Page, Line 17 only.	

Schedule C Nonmonetary Contributions Received

Type or print in ink. Amounts may be rounded to whole dollars.

SCHEDULE C Statement covers period CALIFORNIA 1/01/2013 **FORM** from 6/30/2013 of_ 17 through I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER David G. Weaver 930080 CUMULATIVE TO IF AN INDIVIDUAL, ENTER AMOUNT/ PER ELECTION FULL NAME, STREET ADDRESS AND CONTRIBUTOR **DESCRIPTION OF** DATE DATE OCCUPATION AND EMPLOYER FAIR MARKET TODATE ZIP CODE OF CONTRIBUTOR CODE * GOODS OR SERVICES CALENDAR YEAR RECEIVED (IF SELF-EMPLOYED, ENTER VALUE (IF REQUIRED) (IF COMMITTEE, ALSO ENTER I.D. NUMBER) NAME OF BUSINESS) (JAN 1 - DEC 31) □IND COM OTH PTY SCC ☐ IND COM OTH PTY SCC **TIND** □ COM OTH □ PTY SCC □IND □ COM OTH PTY SCC SUBTOTAL \$ 0 Attach additional information on appropriately labeled continuation sheets. Schedule C Summary *Contributor Codes 1. Amount received this period – itemized nonmonetary contributions. IND-Individual 0 COM - Recipient Committee (Include all Schedule C subtotals.) (other than PTY or SCC) 0 OTH - Other (e.g., business entity) PTY - Political Party 3. Total nonmonetary contributions received this period. SCC - Small Contributor Committee 0

AME OF FILER David G. Weaver				Statement covers perio 1/01/2013 through 6/30/2013		CALIFORNIA FORM Page 9 of	
						30080	
MEASURE NUMBER	ATE, OFFICE, AND DISTRICT, OR R OR LETTER AND JURISDICTION, DR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
☐ Suppo	t □ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
Suppo	rt Dppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
☐ Suppo	t Dppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
			SUBTOTAL	\$ 0			

Schedule D (Continuation Sheet) Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Type or print in ink. Amounts may be rounded to whole dollars.		Statement covers from 1/01/20 through 6/30/3	SCHEDULE D (CON CALIFORNIA 460 FORM 17 Page 10 of 17		
David G. V	Veaver					930080	
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CALEND	VE TO DATE AR YEAR DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
	Support Dppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
			SUBTOTA	ALS 0	HER THE	EUA.	

Schedule E	
Payments Made	

Type or print in ink. Amounts may be rounded

		SCHEDULE
Stateme	ent covers period	CALIFORNIA ACO
from	1/01/2013	FORM 400
through _	6/30/2013	Page11 of17
		I.D. NUMBER
		930080

to whole dollars. SEE INSTRUCTIONS ON REVERSE NAME OF FILER David G. Weaver CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs campaign consultants MTG meetings and appearances RFD returned contributions contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries CVC civic donations petition circulating TEL t.v. or cable airtime and production costs candidate filing/ballot fees TRC candidate travel, lodging, and meals PHO phone banks staff/spouse travel, lodging, and meals fundraising events POL polling and survey research TRS FND IND independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor PRO professional services (legal, accounting) VOT voter registration LEG legal defense campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail) NAME AND ADDRESS OF PAYEE AMOUNT PAID CODE DESCRIPTION OF PAYMENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) OR * Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL\$ 0 Schedule E Summary Itemized payments made this period. (Include all Schedule E subtotals.)

 State of the period of the perio 2. Unitemized payments made this period of under \$100 0

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SCHED	 -	II A JINI I	

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.

Amounts may be rounded to whole dollars.

		SCHEDOLE E (CONT.	1
Statem	ent covers period	CALIFORNIA ACO	
from	1/01/2013	FORM 400	
through_	6/30/2013	Page12of17	
		I.D. NUMBER	

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OFF INSTRUCTIONS ON DEVERSE	through 6/30/2013	Page 12 of 17
SEE INSTRUCTIONS ON REVERSE NAME OF FILER		I.D. NUMBER
David G. Weaver		930080
CODES: If one of the following codes accurately describes the payment, you may enter the code. Of	therwise, describe the payment.	
CMP campaign paraphernalia/misc. MBR member communications	RAD radio airtime and production	costs
CNS campaign consultants MTG meetings and appearances	RFD returned contributions	
CTB contribution (explain nonmonetary)* OFC office expenses	SAL campaign workers' salaries	
CVC civic donations PET petition circulating FIL candidate filing/ballot fees PHO phone banks	TEL t.v. or cable airtime and pro- TRC candidate travel, lodging, an	
FND fundraising events POL polling and survey research	TRS staff/spouse travel, lodging,	
IND independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services		es of the same candidate/sponso
LEG legal defense PRO professional services (legal, accounting)	VOT voter registration	320 - 12 - 22 - 12 - 12 - 12 - 12 - 12 -
LIT campaign literature and mailings PRT print ads	WEB information technology costs	s (internet, e-mail)
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER) CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
	39 (31)	

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.

Amounts may be rounded to whole dollars.

Statem	ent covers period 1/01/2013	CALIFORNIA FORM	460
through_	6/30/2013	Page 13	of17
		I.D. NUMBER	

			ray	e 0i
			I.D. N	UMBER
			930	080
MBR member communication MTG meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL polling and survey res POS postage, delivery and	ns nces earch messenger services	RAD radio airtime a RFD returned conti SAL campaign won TEL t.v. or cable ai TRC candidate trav TRS staff/spouse tr TSF transfer betwee VOT voter registral	and production costs ributions rkers' salaries artime and production corel, lodging, and meals ravel, lodging, and mea een committees of the stion	ls same candidate/sponsor
CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
SUBTOTALS	\$ 0	0	\$ 0	\$ 0
		INCL	JRRED TOTALS \$	0
			PAID TOTALS \$	0
ter the difference here and	d			
-	MBR member communication MTG meetings and appears OFC office expenses PET petition circulating PHO phone banks POL polling and survey res POS postage, delivery and PRO professional services PRT print ads CODE OR DESCRIPTION OF PAYMENT SUBTOTALS Schedule F, Column (b) su accrued expenses under sedule F, Column (c) subto payments on accrued expenses and	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads CODE OR DESCRIPTION OF PAYMENT SUBTOTALS SUBTOTALS OUTSTANDING BALANCE BEGINNING OF THIS PERIOD Schedule F, Column (b) subtotals for accrued expenses under \$100.) edule F, Column (c) subtotals for payments on accrued expenses under \$100.) fer the difference here and	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research PRO professional services (legal, accounting) PRT print ads CODE OR DESCRIPTION OF PAYMENT SUBTOTALS SUBTOTALS O \$ Cohedule F, Column (b) subtotals for accrued expenses under \$100.) Schedule F, Column (c) subtotals for payments on payments on accrued expenses under \$100.) Iter the difference here and	es the payment, you may enter the code. Otherwise, describe the payment. MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads CODE OR DESCRIPTION OF PAYMENT SUBTOTALS \$ 0 \$ 0 \$ 0 Cohedule F, Column (b) subtotals for accrued expenses under \$100.) SIDENTIALS \$ 0 \$ NOUNT INCURRED TOTALS \$ edule F, Column (c) subtotals for payments on accrued expenses under \$100.) PAID TOTALS \$

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE F (CONT.)

Statem	ent covers period	CALIFORNIA	160
from	1/01/2013	FORM	400
through_	6/30/2013	Page 14 c	of17
		I.D. NUMBER 930080	

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs MTG meetings and appearances RFD returned contributions CNS campaign consultants CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries CVC civic donations petition circulating TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals candidate filing/ballot fees PHO phone banks POL polling and survey research TRS staff/spouse travel, lodging, and meals fundraising events transfer between committees of the same candidate/sponsor IND independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services TSF VOT voter registration LEG legal defense PRO professional services (legal, accounting) campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail) LIT

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
	SUBTOTALS	\$ 0	\$ 0	\$ 0	\$

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink. Amounts may be rounded to whole dollars.

SCHEDULE G Statement covers period **CALIFORNIA** 1/01/2013 **FORM** from 6/30/2013 through

I.D. NUMBER

930080

SEE INSTRUCTIONS ON REVERSE	SEE	INSTI	RUCT	IONS	ON	REVERSE
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NAME OF FILER

David G. Weaver

NAME OF AGENT OR INDEPENDENT CONTRACTOR

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs campaign consultants meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries CVC civic donations petition circulating TEL t.v. or cable airtime and production costs candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals FND fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals

independent expenditure supporting/opposing others (explain)* IND postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor

legal defense LEG professional services (legal, accounting) VOT voter registration campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER 1.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
			1

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Schedule H Loans Made to Others*		Type or print in ink. Amounts may be rounded to whole dollars.			Statement cov	ers period /2013	CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE					through6/3	0/2013	Page 16	of
NAME OF FILER							I.D. NUMBER	
David G. Weaver							930080	
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT O FORGIVENES: THIS PERIOD	CLOSE OF THIS	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
		s	s	PAID S FORGIVEN S	s	% RATE	5	\$ PER ELECTION** \$
		s	s	PAID \$ FORGIVEN \$	DATE DUE	RATE %	S	CALENDAR YEAR \$ PER ELECTION**
*Loans that are contributions to another candid must also be summarized on Schedule D. Loan also be reported on Schedule E.		SUBTOTALS	\$ 0	\$ 0	\$ 0	\$ 0		
				-		(Enter (e) on Schedule 1, Line 3)		
Schedule H Summary								
Loans made this period (Total Column (b) plus unitemized loans	of less than \$100.)		***************************************		\$	0	-	**If Required
Payments received on loans (Total Column (c) plus unitemized paym					\$	0	-	
Net change this period. (Subtract Line (Enter the net here and on the Summar)			*****************		NET \$	O y be a negative number	-	

Schedule I Miscellaneous Ind SEE INSTRUCTIONS ON REVER NAME OF FILER		Type or print in ink. Amounts may be rounded to whole dollars.	Statement covers period from 1/01/2013 through 6/30/2013	CALIFORNIA 460 FORM 17 Page 17 of 17 LD. NUMBER
David G. Weaver	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	DE	SCRIPTION OF RECEIPT	930080 AMOUNT OF INCREASE TO CASH
Attach additional infor	mation on appropriately labeled continuation sheets.		SUBTOTA	L \$ 0
2. Unitemized increase	to cash this periodes to cash of under \$100 this periodeceived this period on loans made to others. (Sc	***************************************	\$	0 0 0

Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)

TOTAL \$

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